

WEST LAFAYETTE PARKS & RECREATION DEPARTMENT

2009 ADULT SOFTBALL TEAM ROSTER

THIS ENTIRE FORM MUST BE FILLED OUT CLEARLY IN **PRINT** (BLUE or BLACK PEN) OR TYPE.
 ROSTER WILL NOT BE ACCEPTED IF THEY ARE NOT PROPERLY FILLED OUT OR READABLE.

Classification (Check One) Men's League ☐ Coed League ☐
 Coed League (Check One) A ☐ B ☐ C ☐ D ☐ E ☐

TEAM NAME: _____

Head Coach: _____ Assistant Coach: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: (H) _____ (Wk) _____ Phone: (H) _____ (Wk) _____

(Cell) _____ (E-mail) _____ (Cell) _____ (E-mail) _____

Players Name (First & Last)	Full Address/City/Zip	Area Code + Phone Number	Signature*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

*All players, coaches and managers listed on the team roster recognize that there are risks to injury by participating in an adult softball league. They future understand that they are participating at their own risk to injury and understand that the City of West Lafayette does not carry any medical or health insurance for program participants. Players, coaches and managers listed on a team roster further agree to indemnify and hold harmless the Amateur Softball Association of America, Blessed Sacrament Church, the City of West Lafayette, it's employees and program or contracted officials associated with the program against any and all liability or loss of property resulting from their participation. By signing this roster each player, coach and manager attest that they have read and understand the above waiver. Failure to sign this waiver will result in player being prohibited from participation in the softball program and possible forfeiture of the game.

Coach/Manager Signature: _____ Date: _____